



Most recent employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s)		Hourly Rate/ Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving:				

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in my dismissal. I authorize ESRHS to make an investigation of any facts set forth in this application.

I understand that employment at ESRHS is "at will" which means that either ESRHS or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

I understand that applicants for employment with ESRHS are subject to pre-employment drug testing and, if hired, both alcohol and drug testing during employment, and that failure to cooperate in such testing will result in not being selected or disciplinary action up to and including termination if hired.

I hereby request any person, school, previous employer or governmental agency to provide educational or work related information about me requested by ESRHS in connection with my application for employment. I release any such person or entity from any and all liability in connection with providing such information.

This application will be considered active for a maximum of ninety (90) calendar days. If you wish to be considered for employment after that time, you must reapply.

I certify that all the information that I have provided on this application is true and accurate.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

